



Q&A Webinar: February 11, 2021



NC Department of Health and Human Services

**Expanding the Grassroots Response:
Building Capacity for
Community-Driven Harm Reduction
and Overdose Prevention**

“EGR” Request for Applications

HOUSEKEEPING

- Tune into audio either via phone OR your computer, not both
- MUTE YOUR PHONE
- **Roll Call:** Type your name, pronouns, and organization you represent into the chat / question box

Agenda

- **Overview of the RFA**
 - Purpose
 - Key funding information
 - Eligibility & priority applicants
 - Application components
- **Overview of the parts & strategies**
 - OAP focus areas
 - Part A strategies
 - Part B
- **Additional RFA information**
 - Performance standards
 - Funding restrictions
 - Letters of commitment
 - Scoring
 - Timeline
- **Closing and Q&A**
- **Helpful resources**

Overview of Funding Opportunity

Purpose of Community Funding

- **To fund community-based organizations to deliver overdose prevention and other harm reduction services for people who use drugs**
- **There are two Parts in this RFA A381 EGR:**
 - **Part A Implementation Strategies**
 - **Part B Organizational Mentorship**

Part A - Purpose of Community Funding

Pre-selected implementation strategies:

- 1) **Develop or expand syringe services programs (SSPs)**
- 2) **Connect justice-involved persons (JIP) to care**
- 3) **Establish or strengthen post-overdose response teams (PORT)**
- 4) **Advance access to education and employment opportunities**
- 5) **Expand or establish housing first or rapid re-housing and retention services**
- 6) **Incorporate overdose prevention and harm reduction into existing services**

Part B - Purpose of Community Funding

Should include the following:

- **Mentorship-style partnership between two or more organizations;**
- **Mentor organizations with well-established procedures and capacity for receiving state funds; and**
- **Mentee organizations with less capacity and/or has never received state funds.**

Key Funding Information

- **Percentage of funding for Part A: Approximately 70%**
- **Percentage of funding for Part B: At least 30%**
- **Maximum amount per Part: \$100,000**
- **Minimum amount per Part: \$25,000**
- **Project period: September 1, 2021 – August 31, 2022**
 - **Financial Assistance Contract (12 months)**

Eligible Applicants

- **Open to all 501(c) (3) nonprofit organizations located and licensed to conduct business in the state of North Carolina**
- **Applicants can apply in partnership with a fiscal agent**
- **Governmental organizations, including local health departments, are NOT eligible for this RFA**

Priority Applicants

- **Priority will be given to organizations that:**
 - Work with **Historically Marginalized Populations**
 - Are based in counties that have **higher overdose burden** according to the county-level DHHS poisoning data
 - Have limited or **lower existing resources**
 - Have a commitment to serving populations highly impacted by drug overdose, including people who use drugs and people with substance use disorder that are:
 - **Experiencing homelessness** and housing instability
 - **Black, Indigenous and People of Color (BIPOC)**
 - From NC recognized **tribal communities**
 - Transitioning from **correctional settings** to the community
 - From jurisdictions that are **highly impacted by the COVID-19 pandemic**

All of these qualifications should be indicated on the application Summary Page and outlined in the project proposal

Required Application Components for Each Part

- **Summary Page**
- **Application Face Sheet**
- **Applicant's Response**
- **Project Budget (submit as a separate excel document using the provided Budget Worksheet)**
- **Indirect Cost Rate Approval Letter (if applicable)**
- **Letters of Commitment or Statements of Support (if applicable)**
- **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax Exempt Status**
- **Verification of 501(c)(3) Status Form**

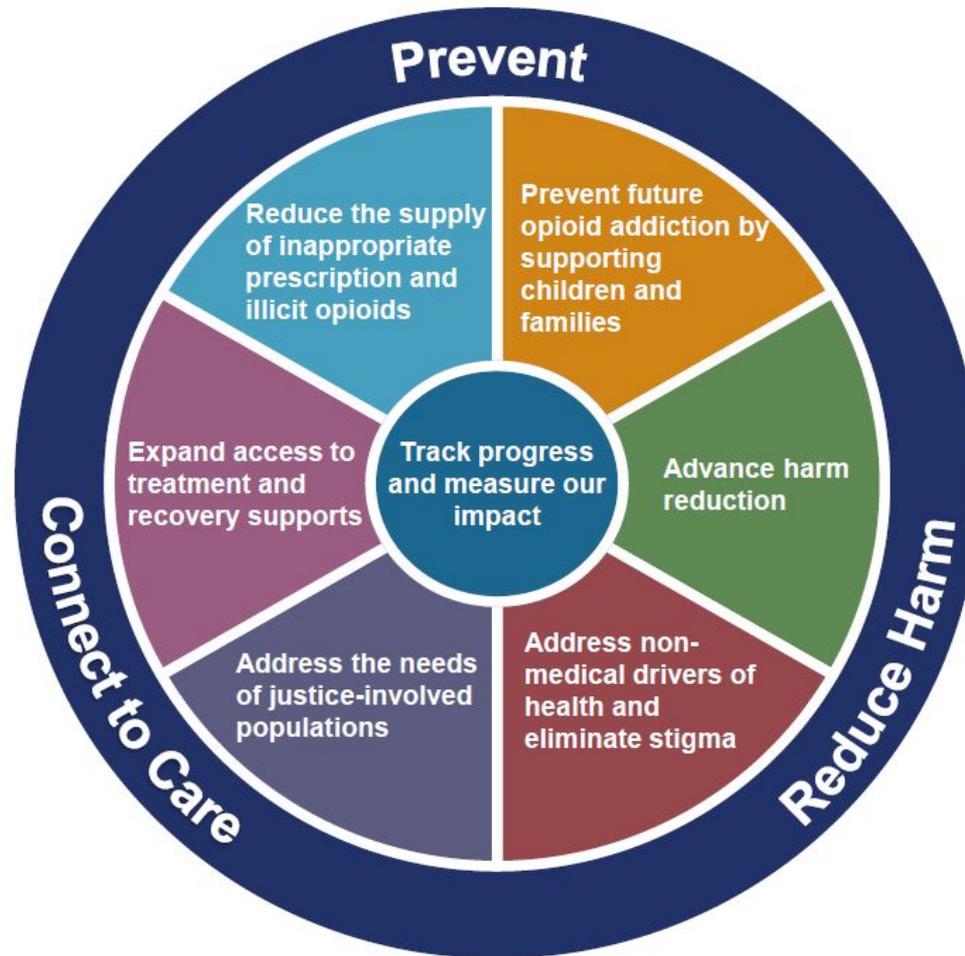
All of these forms/descriptions can be found in the RFA starting on pg. 29

“EGR” Request for Applications (RFA)

- **Grant application instructions, project narrative worksheet & budget template**
<https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm>
- **Due Friday, April 2, 2021 by 5:00pm ET**
- **Submit only by email as 1 PDF attachment & separate excel budget to**
beinjuryfreenc@dhhs.nc.gov

Overview of Parts & Strategies

NC Opioid Action Plan 2.0: Focus Areas



NC Opioid Action Plan 2.0: Focus Areas



“Connect to Care” by expanding access to treatment and recovery supports and by addressing the high-risk needs of justice-involved populations.

NC Opioid Action Plan 2.0: Focus Areas

“Reduce Harm” by expanding syringe services programs and naloxone access and addressing social determinants of health.



Part A - Implementation Strategies

- 1) Develop or expand **syringe services programs (SSPs)**
- 2) Connect **justice-involved persons (JIP)** to care
- 3) Establish or strengthen **post-overdose response teams (PORT)**
- 4) Advance access to **education and employment opportunities**
- 5) Expand or establish **housing first or rapid re-housing and retention services**
- 6) **Incorporate overdose prevention and harm reduction into existing services**

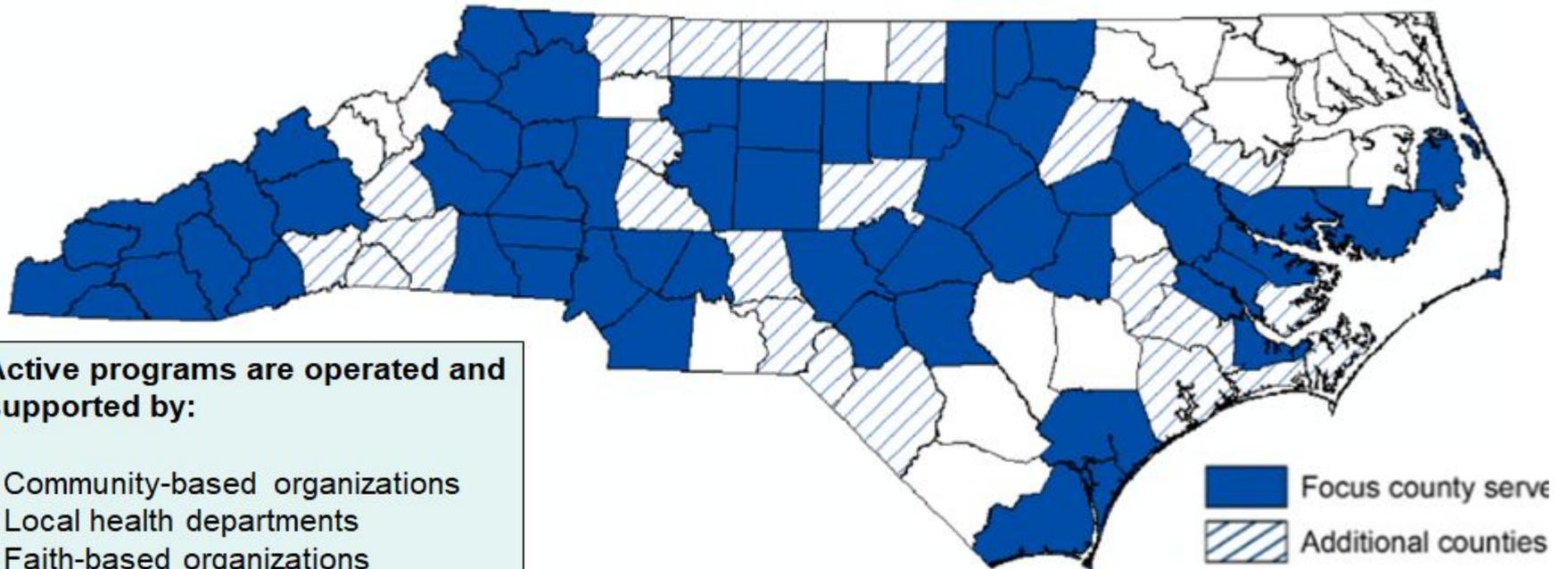
Applicants may propose one or a combination of these strategies.

Part A: Strategy 1

- **Develop and/or expand **Syringe Services Program(s)** (SSPs) through a host organization with experience working with people directly impacted by drug use, including active SSPs.**
 - **These organizations may be community-based non-profit organizations, faith communities, local health or human services departments, pharmacies, or other entities with relevant experience.**
- **All new SSPs must collaborate on program development and/or implementation with an active, registered SSP, which should be demonstrated through a letter of commitment with your application.**

NOTE: Funding cannot support the cost of syringes, naloxone, other medications, nor clinical services.

NC Counties Served or Reached by Registered Syringe Services Programs, 2019-2020



Active programs are operated and supported by:

- Community-based organizations
- Local health departments
- Faith-based organizations
- Health systems
- SUD treatment providers
- AIDS service organizations
- First responders
- Directly impacted people

Visit the [DHHS NC Safer Syringe Initiative](#) page to find SSPs active in your region.

Part A: Strategy 2

- Connect **Justice-Involved Persons** to harm reduction, social/health services, treatment, and recovery services.
- We recommend applicants to partner with an organization with experience working with justice-involved people and to provide an accompanying letter of commitment with your application.
- A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for this strategy.

NOTE: Funding cannot support the cost of naloxone or other medications

Part A: Strategy 3

- Establish **Post-Overdose Response Teams (PORT)** led by community-based organizations with experience working with people directly impacted by drug use
 - to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, social/health services, including housing, employment, and food access and treatment and recovery supports.
- Letters of support/commitment should be included for each partner involved in the PORT process, such as the local EMS agency, emergency department, treatment provider, harm reduction organization, and anyone else that is part of this strategy for your application.
- For more information see the PORT Toolkit: <https://www.injuryfreenc.ncdhhs.gov/preventionResources/docs/PostOverdoseFINAL.pdf>

Part A: Strategy 4

- **Advance access to education and employment opportunities for people who use drugs and who may also have prior justice-involvement or other structural barriers to accessing gainful employment**
- **Can include, but not limited to:**
 - **Supporting participants in job/education pursuits**
 - **Educating employers about fair chance hiring**
 - **Decreasing structural barriers to employment**

Part A: Strategy 5

- **Expand or establish Housing First or Rapid Re-housing and retention services for people who use drugs, are in recovery, or are transitioning from residential treatment or incarceration.**
- **Can include but not limited to:**
 - **Providing move-in deposits**
 - **Assisting with utilities**
 - **Connecting with local housing providers to ensure cultural competency and low-barrier entry**
 - **Providing low-barrier housing**

Part A: Strategy 6

- **Incorporate overdose prevention and harm reduction into existing community-based organizations, particularly those providing other services to populations that intersect with the drug user population.**
- **Some examples include:**
 - **Providing SSP services at a local food pantry**
 - **Integrating post-overdose response into local community center efforts**

Part B - Organizational Mentorship

- **To promote the development of overdose prevention, harm reduction, and response strategies in a rapidly evolving crisis by mentoring less-developed organizations that may not be prepared to receive direct state funding or may not have enough programmatic experience to individually implement effective programs.**
- **Project should respond to community-identified gaps in service delivery and access for people who use drugs.**
- **Requires a multi-organization, collaborative application in which a well-established organization, such as an organization that already receives state or federal funding, serves as mentor to a smaller or less developed organization in capacity building.**

Additional RFA Information

Performance Standards

- **Applications for Part A and B must adhere to the performance standards outlined on page 16 of the Request for Applications**
- **Ensure that project proposals include details about how you will adhere to the performance standards**

RFA Funding Restrictions

- **Federal funding from CDC**
- **Grant funds must be utilized in NC**
- **Funds are reimbursed on an expenditure basis through monthly contract expenditure reporting**

Limitations and Restrictions

- **The following purchases are not allowed:**
 - Syringes, hypodermic needles, cookers, fentanyl test strips, or medications including naloxone
 - Clinical care or any direct medical services
 - Prescription drug take-back programs or disposal
 - Purchasing vehicles or paying down existing mortgages and/or other loans
 - Capital expenses
 - Any type of research
 - Match funding on other federal awards
 - Lobbying
 - Reimbursement of any pre-award costs

For a full list, see RFA page 24

Allowable Expenses

- **Funding can be used for:**
 - Salaries, stipends, and wages
 - Program implementation costs
 - Renting equipment
 - Transportation-related needs
 - Housing-related needs
 - Eligible syringe services program and drug user health supplies
 - Training and technical assistance
 - Attending trainings and conferences
 - Indirect cost

For a full list, see RFA page 24

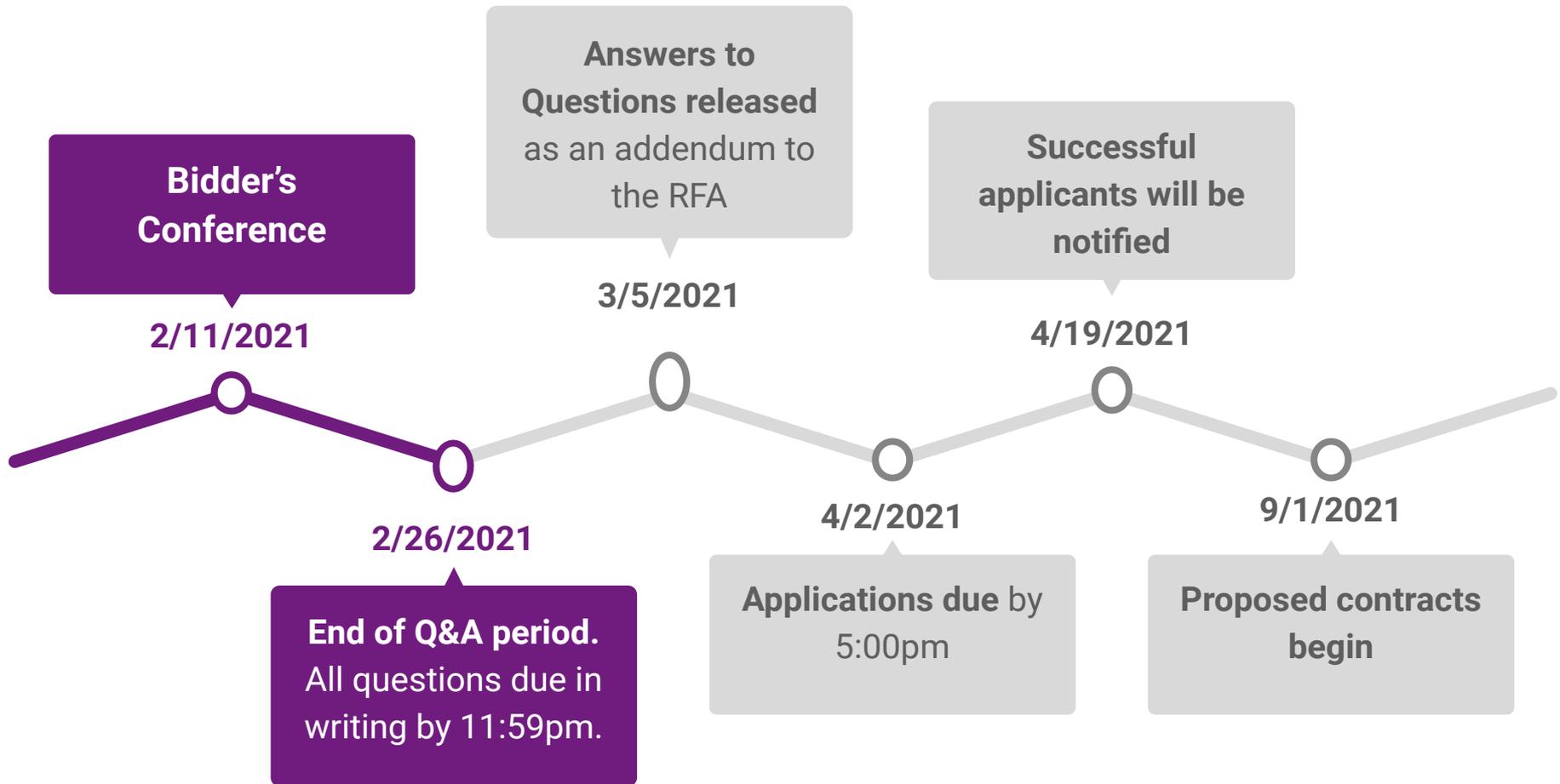
Narrative: Sections and Scoring

- **Proposal Summary (0 points) – *Required, not scored***
- **Project Narrative**
 - **Organizational Readiness**
 - Weight = 5, Total maximum points = 20
 - Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.
 - **Assessment of Need**
 - Weight = 4, Total maximum points = 16
 - Score distribution: 4 = poor; 8 = average; 12 = good; 16 = excellent.
 - **Project Description and Sustainability**
 - Weight = 7, Total maximum points = 28
 - Score distribution is: 7 = poor; 14 = average; 21 = good; 28 = excellent.
 - **Evidence of Collaborations/Partnerships, Letters of Commitment**
 - Weight = 6, Total maximum points = 24
 - Score distribution: 6 = poor; 12 = average; 18 = good; 24 = excellent.
 - **Evaluation Plan**
 - Weight = 3, Total maximum points = 12
 - Score distribution is: 3 = poor; 6 = average; 9 = good; 12 = excellent.
- **Project Budget (0 points) - *Required, not scored***

Letters of Commitment and Subcontractors

- Applicants are encouraged to demonstrate commitment through a letter of support from any agency or community organization integral to the success or implementation of the proposed activities.
- The following are **required** letters of support/commitment:
 - A letter of support from an active, registered SSP is required for **new** (operating for less than two years as of February 1, 2021) **organizations applying to Strategy 1: Develop and Expand Syringe Services Programs (SSPs)**.
 - A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for **all organizations applying to Strategy 2: Connect Justice-Involved Persons to Care**.
 - A letter of commitment from the **mentee agency if applying to Part B: Organizational Mentorship**.

Application Timeline Information



Summary/ Reminders

Request for Applications (RFA)

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<https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm>
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beinjuryfreenc@dhhs.nc.gov

Key Funding Information

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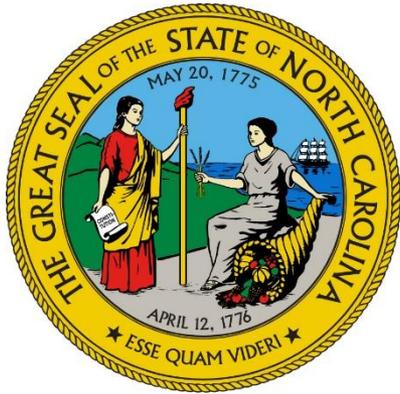
Questions and Answers

Type Questions into the Chat Box now

We will answer as many as possible here and post Q&As online

More Questions?

- Questions regarding the grant application should be sent to beinjuryfreenc@dhhs.nc.gov
- Questions are accepted only through **Friday, February 26, 2021 by 11:59pm ET**
- Frequently Asked Questions will be posted at <https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm>



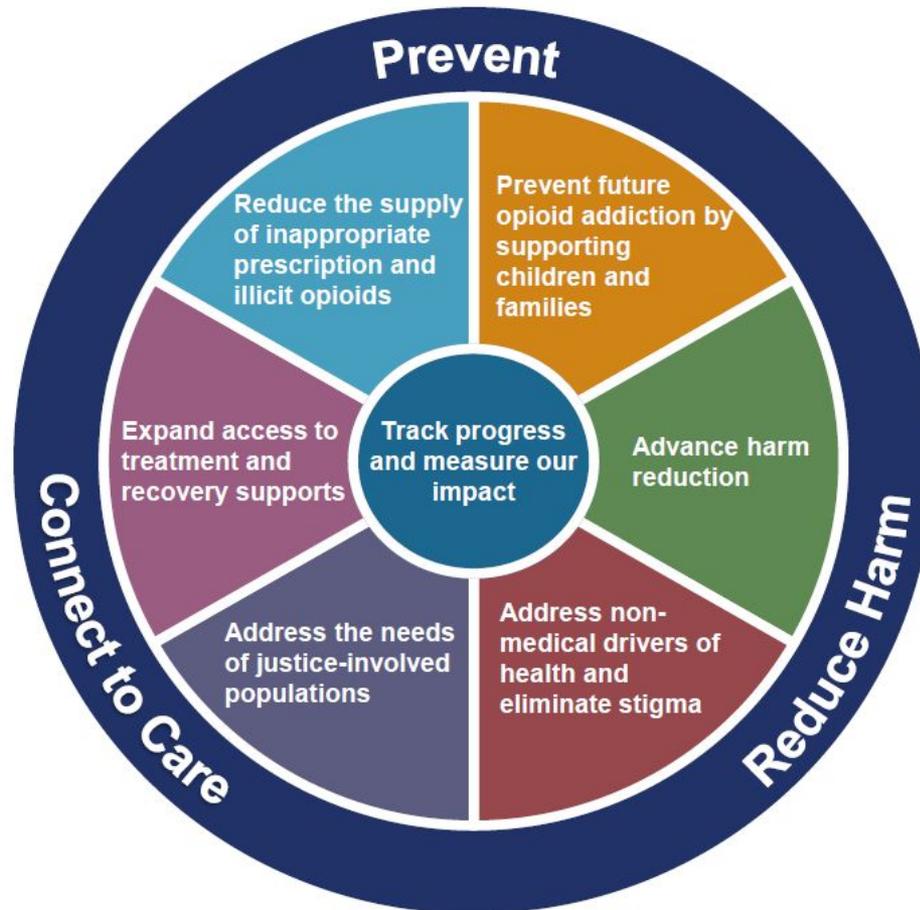
Thank you!

Good luck!!

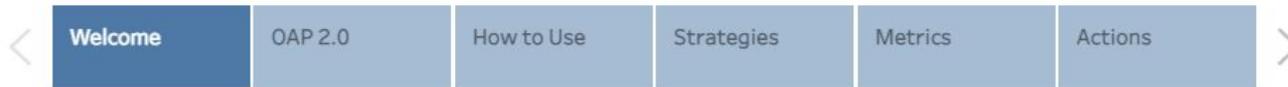
Helpful Resources/ References

NC Opioid Action Plan 2.0

- ncdhhs.gov/opioid-epidemic



Opioid Action Plan Data Dashboard



Welcome to... The NC Opioid Action Plan Data Dashboard

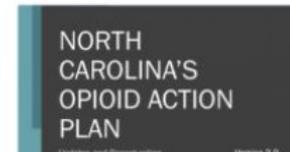
In 2018, **nearly 5 North Carolinians died each day** from an unintentional opioid overdose.

From 1999-2018, more than **14,000 North Carolinians** lost their lives to unintentional opioid overdose.

To combat the opioid crisis, the North Carolina Department of Health and Human Services worked with community partners to develop North Carolina's **Opioid Action Plan (NC OAP)**.

This **opioid data dashboard** provides integration and visualization of state, regional, and county-level metrics for stakeholders across North Carolina to track progress toward reaching the goals outlined in NC OAP. Click the link at right for more information about the NC OAP 2.0.

To hear more about the collaborative efforts to prevent opioid overdose in North Carolina, watch



IVPB Poisoning Data

- Death Data
- Hospital Data
- ED Data

The screenshot shows the website for the North Carolina Injury and Violence Prevention Branch. The header includes the state logo and navigation links. The main content area is titled "Poisoning Data" and features a "Data and Surveillance Navigation" section. Below this, there is a paragraph of text discussing the increase in poisoning deaths in North Carolina, followed by a section for "N.C. Summary Data" with several bullet points linking to reports and fact sheets. At the bottom, there is a "County Overdose Slide Sets" section with a dropdown menu for selecting a county and a "Get County Report" button.

DHHS Home | Assistance | Divisions | About DHHS | DHHS Contacts Search: Submit

NC Health and Human Services **Chronic Disease and Injury Section**

DHHS > DPH > Chronic Disease and Injury Section > IVP Branch > Data > Poisoning Data

Injury and Violence Prevention Branch

Poisoning Data

[± Data and Surveillance Navigation](#)

Deaths, hospitalizations, and emergency department (ED) visits due to poisoning, particularly medication and drug poisoning, have become a growing public health concern nationally and in North Carolina. Since 1999 the number of drug poisoning deaths in North Carolina has increased by 440%, from 363 to 1,965 in 2016. Additionally, in 2014 there were nearly 12,000 hospitalizations and almost 22,000 ED visits related to medication and drug poisoning. (More recent hospital and ED data are not currently available due to a [coding transition](#).)

Historically, prescription drugs have been a major driver of this epidemic. However, illicit drugs are also contributing to this problem in increasing numbers. Heroin or other synthetic narcotics (like fentanyl) were involved in over 60 percent of unintentional opioid deaths in 2016. The number of cocaine overdose deaths is also on the rise.

Visit [Poisoning Prevention](#) and [Unintentional Poisoning from Prescription Drugs](#) for more information on preventing poisoning deaths in North Carolina.

N.C. Summary Data

- [NC Overdose Data: Trends and Surveillance](#) is a recorded presentation of core overdose data.
 - **03/19/18**: Download the slides: [Core Overdose Data Slides January 2018](#) (PPTX, 6.7 MB)
- [The Prescription and Drug Overdose Fact Sheet](#) (PDF, 180 KB) provides a snapshot of prescription drug overdose deaths.
- [The Opioid-related Overdose Fact Sheet](#) provides information specific to the opioid epidemic.

County Overdose Slide Sets

Note: When downloading and opening a slide set, within PowerPoint you may see a security notice warning you about links to other files. If so, you can ignore the notice and click the "Cancel" button to continue opening the file. Do not click the "Update Links" button.

Select County **Get County Report**

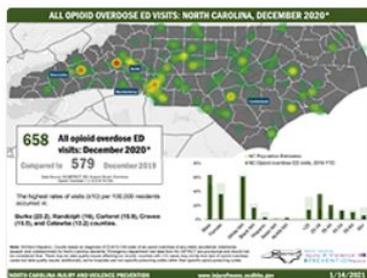
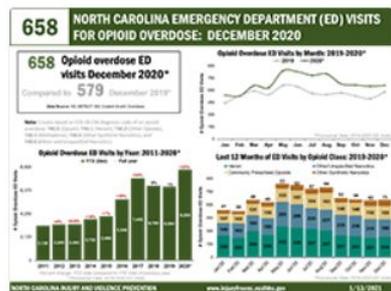
[\[+\] Expand All Items Below](#) | [\[:\] Collapse All Items Below](#)

<http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

IVPB Poisoning Data

NC DETECT Overdose ED Visits Reports - Updated Monthly

Opioid Overdose ED Visits

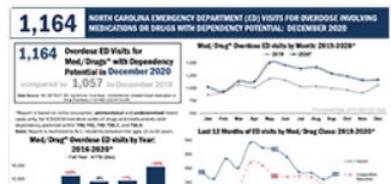


[NC Emergency Department Visits \(ED\) for Opioid Overdose: December 2020](#)

[Heat Map: All Opioid Overdose ED Visits: December 2020](#)

- [County Opioid Overdose Emergency Department Visit Reports \(For counties with average monthly visits \$\geq 5\$ \)](#)

Overdose ED Visits Involving Medication or Drug with Potential for Dependency



<http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

IVPB Poisoning Data



All Intent Poisoning Deaths by County: N.C. Residents, 2009-2018

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Alamance	24	13	24	23	20	23	17	20	48	48
Alexander	14	10	10	3	8	7	14	8	6	5
Alleghany	2	3	2	3	1	3	4	2	3	1
Anson	2	1	3	2	0	2	3	4	3	6
Ashe	6	7	5	5	7	7	4	5	4	4
Avery	7	1	3	4	3	1	5	5	2	4
Beaufort	4	9	4	8	12	7	9	13	20	15
Bertie	2	1	0	1	2	0	2	6	4	3
Bladen	6	3	4	7	6	12	7	4	7	11
Brunswick	28	24	30	36	34	26	30	41	54	33
Buncombe	21	28	39	37	32	44	43	70	118	106
Burke	24	23	15	28	34	28	39	32	30	20
Cabarrus	27	24	19	25	37	26	32	45	76	58
Caldwell	21	14	15	18	9	17	30	29	21	21
Camden	0	1	1	1	1	0	5	2	3	1
Carteret	21	14	19	14	17	19	21	23	21	27
Caswell	2	1	2	4	0	2	2	3	7	5
Catawba	35	23	30	34	22	38	36	45	44	34
Chatham	4	4	7	7	6	9	2	3	10	14
Cherokee	6	13	17	5	7	5	4	8	9	8
Chowan	1	0	0	0	7	0	3	2	6	1
Clay	3	4	1	2	4	4	0	4	4	2
Cleveland	19	23	13	15	16	17	33	23	16	17
Columbus	19	15	14	10	9	12	8	19	14	11
Craven	14	12	10	16	18	20	35	41	42	34
Cumberland	36	43	49	50	49	47	61	64	111	91
Currituck	3	5	4	5	0	3	6	8	11	7
Dare	7	6	10	7	5	11	6	5	16	16
Davidson	28	20	39	31	35	34	33	41	59	46

Source Death Data	View by County or Drug Drug	Intent All Intent	County Statewide	Drug Any Poisoning
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Injury Epidemiology and Surveillance Unit

For questions or other information regarding data, 919-707-5425



Rev. 10/28/2019 - Page 1

NC Safer Syringe Initiative

[NCDHHS](#) » [Divisions](#) » [Public Health](#) » North Carolina Safer Syringe Initiative

North Carolina Safer Syringe Initiative

Welcome to the North Carolina Safer Syringe Initiative. Here you will be able to find information about existing syringe exchange programs in the state, resources for healthcare providers and law enforcement agencies, testing and treatment programs, details about the limited immunity provided under the syringe exchange law, and information for health departments, community-based organizations, and other agencies interested in starting their own exchanges. Please find an updating list of active programs and contact information [here](#).

[2017-2018 Annual Reporting Summary: Building up and strengthening syringe exchange in North Carolina](#) [↗](#)

North Carolina Safer Syringe Initiative Assistance

As of July 11, 2016, North Carolina ([G.S. 90-113.27](#) [↗](#)) allows for the legal establishment of hypodermic syringe and needle exchange programs. Any governmental or nongovernmental organization “that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors” can start a syringe exchange program (SEP). The Division of Public Health and the Department of Health and Human Services do not operate syringe exchanges in North Carolina.

Included in the law is a provision that protects SEP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of controlled substances present, if obtained or returned to a SEP. SEP

Public Health

[Safety Net Dental Clinics](#)

[Benton, Mark](#)

[Child Service Coordination](#)

[County Health Departments](#)

[Ebola Information](#)

[Hepatitis C Testing](#)

[Know Your Sickle Cell Trait](#)

North Carolina Safer Syringe Initiative

[Syringe Exchange Programs in North Carolina](#)

[Syringe Exchange FAQs](#)

[Quick Answers for Law Enforcement Personnel](#)

[Participant Cards and Limited Immunity](#)

Naloxone Saves

NALOXONE SAVES

A harm reduction resource for North Carolina

Home Where can I get naloxone? How is North Carolina responding to the opioid epidemic? Where can I find data about the opioid epidemic in NC?



FOR PHARMACISTS



**HOW TO GET
NALOXONE**



**SAFER USE AND HARM
REDUCTION**



**COMMUNITY
DISTRIBUTION OF
NALOXONE**



TREATMENT OPTIONS



NALOXONE FAQs